## FILE

## 04F1CAN 652 NEVADA FINANCIAL DISCLOSURE STATEMENT (Attach additional sheets if necessary.)

DEAN HELLER SECRETARY OF STATE

NAME DOUGLD P. HAPPE MAILING ADDRESS PO BOX 150 CITY, STATE, ZIP SWITT NV 80 TELEPHONE 775 465 2743	LENG	ETH OF RESIDENCE	E IN DISTRICT V		STERED TO
Public Office  S.V. Fire protection Board	Annual Compensation \$ \$		all elected and appointed public officers o later than Jan. 15 each year) NRS 281.559(1)(b) 281.551(1)(b)	CANDIDATE	APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a)
List all general sources of income for you and me	embers of your hou	sehold over 18 ye	ears of age [N	RS 281.571, S	ubsection 1(b)]:  Self Household Member
List each creditor to whom you or a member of yor deed of trust on real property which is not requehicle for personal use was retained by seller] [	uired to be listed b	elow, and (2) deb	e [except (1) t for which a	debt secured security inter	d by mortgage rest in a motor  Self Household Member

List each business entity (i.e., orgar firm, business, trust joint venture, s involved as a trustee, beneficiary of a class of stock or security represer [NRS 281.571, Subsection 1(f)]:	yndicate, corporation or as a trust, director, officer, ow	sociation) with which you her in whole or in part, lir	u or a member of you mited or general partr	ner, or holder of
[INKS 201.371, Subsection 1(1)].				Self Household Member
Smith Valler	Cattle fee	ders - genu	AL KATTER	- 🛛 🗆
			Antiquinament	
2000			-	
Generalizations			-	
List specific location and particular your household has a legal or bene state or an adjacent state [NRS 281.5]	eficial interest; (2) the fair ma	r than personal residence arket value of which is \$	ce): (1) in which you 2,500 or more; and (3	or a member of 3) located in this
377 SHEED CAME R	a northy.			,
List the identity of donor and value during the preceding taxable year consanguinity or affinity; and (2) concasion if the donor does not have	[except (1) a gift received for a great fo	om a person who is rela a birthday, wedding, ann	ated to you within the liversary, holiday or c	e third degree of other ceremonial
[NRS 281.571, Subsection 1(e)]:	Donor			Value of Gift
	A		\$\$\$\$\$\$\$\$\$\$\$	NA
THE INFORMATION I HAVE PRO	VIDED HEREIN IS ACCUR	ATE AND COMPLETE.		
Date:	Signature:	De 9	tap	
			1	